Suggested guice Patient Name: Attended Diab	delines to letes Self-	be adapted -Managem	into cl ent Cla	inician's practions	ce recom	mended by: Nebras Date of Birth:/ _ If yes, When/Wh	ka Diabetes Consensu  // Year of Dia  ere:	s Guidelines agnosis	s Task Force.
Follow-up Education with CDE/RD: Yes No If yes, When/Where: Tobacco Use Status: Uses Doesn't Use Complications: Height:									
EVERY VISIT									
DATE	WEIGHT		P			CURRENT MEDS	FOOT EXAM (3)	SKIN	
GOAL (1)		_ <13	0/80	70-130 fast 100-140 at be		Review/update	Skin/Sensation/ Vascular	Injection s if on insu	
Consider deily	acnirin u			81-162 mg.					
Consider daily aspirin use				_					
Consider ACE inhibitors (4)				ACEI/ARB					
Consider Statins				=0()(=)					
A1C (Hemoglobin A1C) Quarterly				<7%) <b>(5)</b>					
Dental Exam Twice/Year			Date & Dentist						
ANNUAL EXAM & TESTS									
History Update:				Cholesterol mg/dl (6)			urine for albumin/crea urine for micro albumii		
Abdominal Exam:		HDL >40 m		a/dI M			Screen to include serul: GFR >60 ml/min/1.73		
			>50 mg/dl F <b>(6)</b>			Thyroid Asses	ssment (10)		
Neurological Exam/ Depression Screen:			Triglyceride <150 mg/dl			•	Referral for dilated eye exam (11)  Macular Eden Yes No _ Severity of ret present:		everity of retinopathy if
Cardiac Exam & Pulses:			LDL <100 mg/dl (6)(7)			Influenza Vaco Pneumococca Given)	cine Il Vaccination (12) (Dat	е	
Based on An	nerican Diab	oetes Associa			Care for P	,	ellitus. Diabetes Care 35 (S	Supp. 1), Janua	ary 2012.

- 2. Healthy BMI: 18.5-24.9; underweight BMI: less than 18.5; overweight BMI: 25.0-29.9; obese BMI: 30 or more.
- 3. Annual comprehensive foot exam recommended.
- Ace inhibitors, ARBS and statins are contraindicated during pregnancy.
- 5. ADA recommends <6% or as close to normal as possible without significant hypoglycemia (SII);
- 6. Lipid profile, annually. If within normal limits, the clinician may consider obtaining less frequently.
- 7. 2004 National Cholesterol Education Program (NCEP) clinical practice guidelines recommend treating to <70 mg/dL. Adult Treatment Panel (ATP) III goal is <100 for high-risk patients and <70 for very high-risk patients. ADA Guidelines suggest <100 for all; consider statins >40 years of age with total cholesterol >130 mg/dl and goal <70 mg/dl with known heart disease or multiple risk factors. If LDL goal not reached w/max tolerable statin therapy, 40% drop from baseline is acceptable.
- Type 1 Five years after diagnosis, then annually at adolescence. Type 2 at diagnosis...
- ADA recommends measuring at least annually for estimation of glomerular filtration rate (GFR) in all adults with diabetes regardless of degree of urine albumin excretion. Serum creatinine alone should not be used as a measure of kidney function but to estimate GFR using MDRD equation and stage the level of CKD.
- Thyroid function tests when indicated.
- 11. Type 1-ADA annually within 5 yrs after onset with annual follow-up dilated exams; Type 2-annually.
- 12. Centers for Disease Control & Prevention Guidelines: once and repeat after 65 years of age if more than five years after last vaccination. (MMWR Vol. 56(41): Q1-Q4.